

## Death and end of life in France after COVID-19

At the instigation of the President, Emmanuel Macron, an intense debate on ethical tensions relating to end-of-life medical practices has started in France. Unlike in some other European countries, euthanasia is not practised in France. The semantic choice made by legislators (passive chosen death rather than euthanasia, and active chosen death rather than assisted suicide) clearly shows the discomfort that politicians and jurists have with end-of-life medical management.

Before initiating the legislative process, we must listen to health-care professionals<sup>1</sup> and the French people, especially individuals who are waiting or hoping for death. The COVID-19 pandemic has undeniably changed burial practices and interrupted both bereavement support and funerary rituals.<sup>2</sup>

Answering several essential questions is a non-negotiable preliminary for legislating: is active assistance in dying always an act of care? Does assistance in dying constitute the ultimate care or, on the contrary, the ultimate abandonment of care? Can we oppose the right to die to the duty to live? Do people have a duty to live and not rather a right to live?

No one wants to suffer, cause suffering, or lose their dignity.<sup>3</sup> Everyone wants to die peacefully both for themselves but also for their caregivers and family.

French law speaks of end of life, not of death. The concept of death remains taboo, just like the word cancer, which in France is avoided by using the term long illness. This non-use of the appropriate medical term poses a problem and recalls the bourgeois paternalism of medicine in high-income countries that had the right of life and death (but also of truth and lies) over its patient and their families.

Inflicting death is violence, but not providing the means for a good death<sup>4</sup> by improving conditions in which death

occurs is also violence. Can assistance in dying become legally punishable?

We must find balance between increasing freedom and autonomy of the dying patients, without unreasonably advocating suicide. We must relearn how to die, we must accept to live in close contact with death.

I declare no competing interests.

*Philippe Charlier*

[philippe.charlier@uvsq.fr](mailto:philippe.charlier@uvsq.fr)

Laboratory Anthropology, Archaeology, Biology, Faculty of Health Sciences, University of Versailles-Saint Quentin-en-Yvelises, Paris-Saclay University, Montigny-Le-Bretonneux 78180, France; Foundation Anthropology, Archaeology, and Biology, Institut de France, Palais de l'Institut, Paris, France

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## Victims of gender-based violence on Oct 7 must be given a voice

The mass atrocities in Israel on Oct 7, 2023, brought forth the widely disregarded issue of gender-based violence (GBV). Nov 25 was the International Day for the Elimination of Violence Against Women, and, therefore, it is crucial to spotlight the horrifying GBV documented by the Israeli authorities. The further deliberate flaunting of violence against hostages exposes a systematic campaign of GBV by Hamas.<sup>1</sup>

Despite the complex political reality of the conflict between Israel and Hamas, expressing moral outrage regarding reprehensible GBV should not be complicated, because brutal rape should always be condemned and never be contextualised. The deafening silence of organisations

tasked with safeguarding women and children from GBV, such as UN Women and UNICEF, regarding the GBV against Israelis, perpetuates a morally depraved context narrative that blames victims.

As medical professionals, we share a universal compassion for the plight of all innocent civilians affected by the horrors of war, regardless of their affiliation. Yet, some forms of suffering demand a distinct perspective for proper acknowledgment, leading to moral action. Drawing parallels from the Hamas atrocities to the Holocaust reveals eerily similar scenes of GBV enacted by the Nazi Einsatzgruppen.<sup>2</sup> Reproductive degradation, including mutilation of breasts and violence against pregnant women and infants, reflects a systematic assault recognised as a form of genocide by the Rome Statutes.

*The Lancet's* Series on violence against women and girls emphasises the initial imperative: "Demonstrate leadership by publicly condemning violence against women."<sup>3</sup> This directive resonates with Richard Horton's call to physicians to "struggle to remain human in inhuman times"<sup>4</sup> and refrain from dehumanisation by treating all individuals with dignity. This call was articulated during the launch of the report of *The Lancet's* Commission on Medicine, Nazism, and the Holocaust.<sup>5</sup> The report urges the development of morally courageous health-care professionals who act as agents of change, competent to speak out against genocide and crimes against humanity wherever they occur.

As executive physicians at LeMa'anam Physicians for Holocaust Survivors—a non-profit organisation dedicated to providing free medical aid to Holocaust survivors—we have closely observed the enduring psychological effects of GBV. Our observations highlight the increased prevalence of suffering from sexual violence, especially among women, within the context of their trauma. Recognising this complex relationship is crucial for understanding the lasting effects on all people who endure GBV atrocities.



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